

Amount	16.40	17.80	30.00	Fund Total: 64:20	49.00	49.00	Fund Total: 98:00	727.50	Fund Total: 727.50	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Receipt No.		7003 04492	7003 003074	Pund Enuc	1120	1153	Func	001041	Eund:	096181	0000075916		0000075919		0000075920	0000075917	0000000 000000000 7001 0000075913	0000075914	0000075921	00201342	00201278	00201278
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Invoice No. Fund Cost Account	68132	68132	67946		68118	68119	Table Services	61736	TO SERVICE SERVICES	68120	68126	68125	68124	68123	68122	68133	68134	68135	68137	68121	68127	68128
Tax Ref Customer Name	RICHARD BROWN	RICHARD BROWN	ONE ENVIRONMENTAL GROUP		OLEKSANDR MULYAR	ANTHONY MENSAH		A N B D INC. D/B/A MARKET PLACE CITGO	新 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 ·	S B COX READY MIX, INC.	ENTERPRISE RENT-A- CAR #1686	ENTERPRISE RENT-A- CAR- #164P	ENTERPRISE RENT-A- CAR #164A	ENTERPRISE RENT-A- CAR #164B	ENTERPRISE RENT-A- CAR #1624	ENTERPRISE RENT-A- CAR 163R	ENTERPRISE RENT-A- CAR 161N	ENTERPRISE RENT-A- CAR 1626	ENTERPRISE RENT-A- CAR 1668	BOXLEY CONCRETE, MARTINSVILLE READY MIX FACILITY	BOXLEY CONCRETE, ROANOKE READY MIX FACILITY	BOXLEY CONCRETE, ROANOKE READY MIX FACILITY
Tax Ref	36485	36485	32134		31268	33636		31792		25488	36476	36477	36478	36479	36480	36481	36482	36483	36484	9108	9109	9109
Invoice Type	COPIES/PO/FOIA-INV	COPIES/PO/FOIA-INV	COPIES/PO/FOIA-INV		Invoice	Invoice		CIVIL CHGS-AIR-INV	15.20 多数数 20mm 17.20 多数数	WTR NVRO VPDES GEN	ANTR NVRO VPDES GEN	WITH NVRO VPDES GEN	W/R NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR.NVRO VPDES GEN	WTR NVRO VPDES GEN	WTRSCROVPDESGP	WTRWCROVPDESGP	WTRSWROVPDESGP
DC Number Deposit Date Invoice Type	08-May-2013	•							J. Sulling	VII TONIMENT	THERN	1 3 2013	VAL OFFICE	417 Jenioau00m	Solues							
DC Number	54400778								*	5 CANA	KIRAG	30 AV	HE(/							

→ REGISTRATION STATEMENT FOR THE GENERAL VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) PERMIT FOR VEHICLE WASH FACILITIES AND LAUNDRY FACILITIES 2013

1.

2.

ΑF	PPLICANT INFORMATION
A.	Name of Facility: Enterprise Rent-A-Car (1626) VAG 0750228
B.	Facility Owner: First Allied Corporation
C.	Owner's Mailing Address
	a. Street: 270 Commerce Dr.
	b. City: Rochester c. State NY d. Zip Code 14623
	e. Phone Number: (585) 359-3000
	f. Email mark.george@erac.com
	g. Indicate if the applicant would like the permit to be transmitted electronically. Yes _x_ No
D.	Facility Street Address 6286C ARLINGTON BLVD, FALLS CHURCH VA 22044-2801
E.	Is the operator of the facility also the owner? Yes No _x_ If "No", complete F & G.
F.	Name of Local Operator: Enterprise Rent-A-Car (1626)
G.	Operator's Mailing Address
	a. Street: 23330 Autopilot Drive
	b. City: Sterling c. State: VA d. Zip Code: 20166
	e. Phone Number 703-544-5500 703-929-4202 (c)
	f. Email mark.george@erac.com
FA	CILITY INFORMATION
A.	Will the facility discharge to surface waters? Yes _X_ No
	If yes, name of receiving stream Storm Drain
	If no, describe the discharge:
В.	Does the facility discharge to a Municipal Separate Storm Sewer System (MS4)? If "yes," the facility owner must notify the owner of the municipal separate storm sewer system of the existence of the discharge within 30 days of coverage under the general permit and provide the following information: the name of the facility, a contact person and phone number, the location of the discharge, the nature of the discharge, and the facility's VPDES general permit number.
C.	Does this facility currently have a VPDES permit? Yes No _X_
	If yes, give permit number.
D.	Does your locality require connection to central wastewater treatment facilities? Yes No _x
E.	Are central wastewater treatment facilities available to serve the site? Yes No _x_
	If "yes," the option of discharging to the central wastewater facility must be evaluated and the result of that evaluation reported here (use additional sheets if necessary):

	MAP
	Attach a USGS 7.5 minute topographic or equivalent computer generated map extending to at least one mile beyond property boundary. The map must show the location of the facility, and the location of each of its existing and/or proposed intake and discharge points. Include all springs, rivers and other surface water bodies, including the receiving water body.
•	NATURE OF BUSINESS: (provide a brief description of the type of washing activity (vehicles, laundry or both). Include (as applicable) the type of vehicles washed, number of vehicle washing bays and the number of laundry machines)
	Bucket wash for cars in the Falls Church area. Midsize to Full-size vehicles
•	FLOW RATE Provide the highest average monthly flow rate measured or estimated to be discharged. For existing facilities calculate this by adding the flows for each day during the month that the washing facility had a discharge divided by the number of days that the facility discharged. For new facilities estimate the flow rate based on similar facilities. Less than 1000 Gallons per day
	FACILITY DRAWING AND TREATMENT SYSTEM
-	Attach a line drawing of the facility showing the source of the water and its flow through the facility. Show all bays for vehicle washes. Provide dimensions or capacities for each unit in the treatment system. This can be hand drawn but must be legible.
	Describe the method and frequency of solid wastes disposal
	Any Solid waste we create is removed by the Owner on a daily contracted rate.
	CHEMICALS Provide the name of the chemical(s) used at the facility (including detergents, soaps, waxes and other

REGISTRATION STATEMENT FOR THE GENERAL VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) PERMIT FOR VEHICLE WASH FACILITIES AND LAUNDRY FACILITIES 2013 (Continued)

	E DETERCENT I	ISF.									
Will detergent used for washing vahicles contain more than 0.5% phosphorus by weight? Ves											
_	Will detergent used for washing vehicles contain more than 0.5% phosphorus by weight? Yes No If yes, approximately how many gallons are used per month of this detergent?										
		•									
CERTIFICATION (see Part II K of your permit to see who can sign the certification) "I certify under penalty of law that this document and all attachments were prepared under my											
direction or s properly gath persons who the informatic am aware that of fine and im	supervision in according and evaluate the manage the system on submitted is to the there are significant prisonment for known	rdance with a system design e information submitted. Be or those persons directly resulted be ne best of my knowledge and the penalties for submitting fall wing violations."	ned to assure that of lased on my inquiry ponsible for gatherial belief true, accurate se information inclu-	qualified personnel of the person or ng the information, e, and complete. I ding the possibility							
Signature:	Mak	Gee	Date:	5/1/13							
Name of perso											
(printed or typed) Title: Operations Manager											
EQUIRED AT	FACHMENTS:										
	of Registration State										
2. Facility D	rawing (#8 of Regis	tration Statement)									
r Department	use only:										
_	•		Date:								

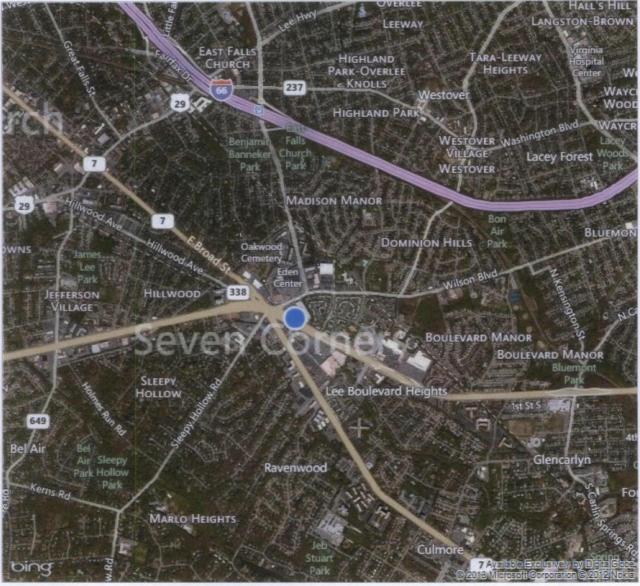
bing Maps

6286 Arlington Blvd, Falls Church, VA 22044

My Notes	

On the go? Use m.bing.com to find maps, directions, businesses, and more





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Bird's eye view maps can't be printed, so another map view has been substituted.

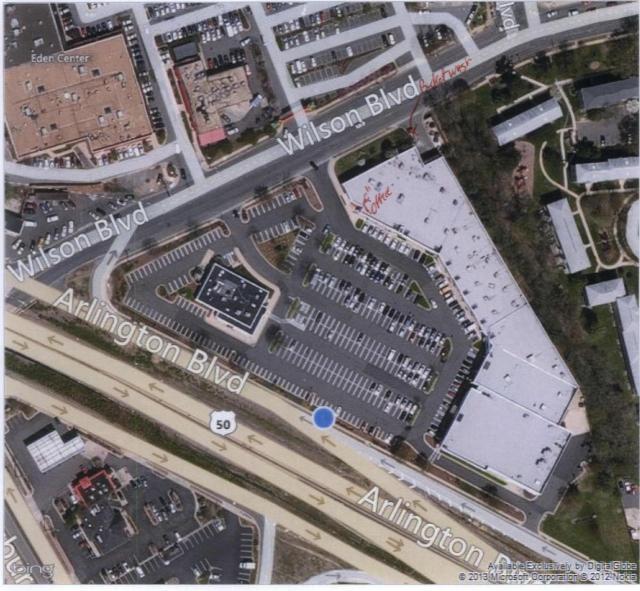
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My Notes		







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